Notice of Retraction and Replacement

Oostdijk, Evelien A. N.; Kesecioglu, Jozef; Schultz, Marcus J.; Visser, Caroline E.; de Jonge, Evert; van Essen, Einar H. R.; Bernards, Alexandra T.; Purmer, Ilse; Brimicombe, Roland; Bergmans, Dennis

Published in:
JAMA - Journal of the American Medical Association

DOI:
10.1001/jama.2017.1282

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2017

Link to publication in University of Groningen/UMCG research database

Citation for published version (APA):

Copyright
Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

Take-down policy
If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): http://www.rug.nl/research/portal. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

Download date: 26-12-2018

To the Editor In the Original Investigation entitled “Effects of Decontamination of the Oropharynx and Intestinal Tract on Antibiotic Resistance in ICUs: A Randomized Clinical Trial” published in the October 8, 2014, issue of JAMA,1 we inadvertently reported incorrect secondary outcomes. This was a cluster randomized crossover study comparing the ecological effects of selective digestive decontamination (SDD) vs selective oropharyngeal decontamination (SOD) in 16 intensive care units (ICUs) in the Netherlands.

The errors were due to misclassification of the 2 intervention periods of 1 of the 16 ICUs, discovered in the course of re-checking the code in conjunction with an individual patient data meta-analysis. We have corrected the errors and confirmed that there are no other errors after reviewing our original analysis and findings. The correction, though, has changed some of the secondary end points of the study: the previously reported absence of statistically significant differences in day 28 mortality, ICU mortality, hospital mortality, length of stay, and rate of candidemia are now statistically significant, favoring SDD over SOD. Thus, we have requested that the original article be retracted and replaced.

As a result of the mislabeling of interventions in 1 ICU, the flow diagram and Tables 1, 3, 4, and 5 have changed. For day 28 mortality the correct data are 25.7% during SOD and 23.8% during SDD with a corresponding adjusted odds ratio (OR) of 0.850 (95% CI, 0.774-0.933). For ICU mortality the correct data are 20.0% during SOD and 18.4% during SDD with a corresponding adjusted OR of 0.842 (95% CI, 0.759-0.933). For hospital mortality the correct data are 28.2% during SOD and 26.3% during SDD with a corresponding adjusted OR of 0.857 (95% CI, 0.783-0.938). For length of ICU stay the correct data are median of 6 days (IQR, 4-10 days) during SOD and 6 days (IQR, 4-11 days) during SDD (OR, 1.056 [95% CI, 1.014-1.100]). For candidemia the correct data are 1.0% during SOD and 0.5% during SDD with a corresponding OR of 0.47 (95% CI, 0.30-0.75).

The corrections for these errors indicate that the previously reported absence of statistically significant differences in secondary outcomes has been changed and the article now concludes: “Unit-wide application of SDD and SOD was associated with low levels of antibiotic resistance. Compared with SOD, SDD was associated with lower mortality, reduced length of stay, lower rates of ICU-acquired bacteremia and candidemia, and lower prevalence of rectal carriage of antibiotic-resistant gram-negative bacteria, but a more pronounced gradual increase in aminoglycoside-resistant gram-negative bacteria.”

We deeply regret this error as well as the confusion caused to JAMA, readers, and potentially to physicians. The original article has been corrected. An additional online supplement has been added that includes a version of the original article with the errors highlighted and a version of the replacement article with the corrections highlighted.

Evelien A. N. Oostdijk, MD, PhD
Jozef Kesecioglu, MD, PhD
Marcus J. Schultz, MD, PhD
Caroline E. Visser, MD, PhD
Evert de Jonge, MD, PhD
Einar H. R. van Essen, MD
Alexandra T. Bernards, MD, PhD
Ilse Purmer, MD
Roland Brimicombe, MD
Dennis Bergmans, MD, PhD
Frank van Tiel, MD, PhD
Frank H. Bosch, MD, PhD
Ellen Mascini, MD, PhD
Arjanne van Griethuysen, MD, PhD
Alexander Bindels, MD, PhD
Arjan Jansz, MD
Fred (A.) L. van Steveninck, MD, PhD
Wil C. van der Zwart, MD, PhD
Jan Willem Fijen, MD, PhD
Steven Thijsen, MD, PhD
Remko de Jong, MD
Joke Oudbier, MD
Adrienne Raben, MD
Eric van der Vorm, MD, PhD
Mirelle Koeman, MD, PhD
Philip Rothbarth, MD, PhD
Annemieke Rijkeboer, MD
Paul Gruteke, MD
Helga Hart, MD
Paul Peerbooms, MD, PhD
Lex J. Winsser, MD
Anne-Marie W. van Elsacker-Niele, MD, PhD
Kees Demmendaal, MD
Afke Brandenburg, MD, PhD
Anne Marie G. A. de Smet, MD, PhD
Marc J. M. Bonten, MD, PhD

Author Affiliations: Department of Medical Microbiology, University Medical Center Utrecht, Utrecht (Oostdijk, Bonten); Department of Intensive Care Medicine, University Medical Center Utrecht, Utrecht (Oostdijk, Kesecioglu); Department of Intensive Care, Academic Medical Center, University of Amsterdam, Amsterdam (Schultz); Department of Medical Microbiology, Academic Medical Center, University of Amsterdam, Amsterdam (Visser); Department of Intensive Care Medicine, Leiden University Medical Center, Leiden (de Jonge, van Essen); Department of Medical Microbiology, Leiden University Medical Center, Leiden (Bernards); Department of Intensive Care, HagaZiekenhuis, The Hague (Purmer, Koeman); Department of Medical Microbiology, HagaZiekenhuis, The Hague (Brimicombe); Department of Intensive Care, Maastricht University Medical Centre+, Maastricht (Bergmans, van der Zwart); Department of Medical Microbiology, Maastricht University Medical Centre+, Maastricht (van Tiel); Department of Intensive Care, Rijnstate
Letters

Errors in Study Group Numbers and Outcome Interpretation: The Editorial entitled “Rational Use of Antibiotics in the ICU: Balancing Stewardship and Clinical Outcomes” published in the October 8, 2014, issue of JAMA, included errors in the numbers of participants randomized and inaccurate sentences regarding the findings of the accompanying trial. The corrections in the Editorial are to accommodate the retraction and replacement of the trial. The numbers of participants reported in the third paragraph of the Editorial, should be 6040 patients randomized to selective digestive tract decontamination (SDD) and 5957 randomized to selective oropharyngeal decontamination (SOD). The last sentence of the third paragraph is revised from reflecting no differences in any outcomes by group to the following: “Compared with SOD, SDD was associated with lower mortality and length of stay.” Finally, the penultimate sentence in Editorial about favoring SOD as a more reasonable approach has been removed. This article was corrected online.


Guidelines for Letters

Letters discussing a recent JAMA article should be submitted within 4 weeks of the article's publication in print. Letters received after 4 weeks will rarely be considered. Letters should not exceed 400 words of text and 5 references and may have no more than 3 authors. Letters reporting original research should not exceed 600 words of text and 6 references and may have no more than 7 authors. They may include up to 2 tables or figures but online supplementary material is not allowed. All letters should include a word count. Letters must not duplicate other material published or submitted for publication. Letters not meeting these specifications are generally not considered. Letters being considered for publication ordinarily will be sent to the authors of the JAMA article, who will be given the opportunity to reply. Letters will be published at the discretion of the editors and are subject to abridgement and editing. Further instructions can be found at http://jamanetwork.com/journals/jama/pages/instructions-for-authors. A signed statement for authorship criteria and responsibility, financial disclosure, copyright transfer, and acknowledgment and the ICMJE Form for Disclosure of Potential Conflicts of Interest are required before publication. Letters should be submitted via the JAMA online submission and review system at https://manuscripts.jama.com. For technical assistance, please contact jama-letters@jamanetwork.org.

Section Editor: Jody W. Zylke, MD, Deputy Editor.